

Good morning Chairman and Committee members.

My name is Carol Casteel. I am the office manager for a denture clinic in Great Falls.

I would like to say that in general Montana denturists provide their specialized services to patients from all walks of life. They treat patients on Medicaid, patients from Community and Indian health services as well as patients who can well afford our services or the services of any other dental providers. They have provided pro-bono work through Discounted Dental Services and accepted assignment from Federal and State agencies such as Worker's Compensation.

Patients with all types of difficulties and illnesses from diabetes to HIV come to denturists. There is literally a myriad of conditions and medications that affect the fit and comfort of dentures and denturists are educated, tested on, continually trained to recognize and deal with these situations. Their education, training, testing and experience go far beyond just manufacturing dentures for patients.

They are true healthcare providers dealing with the first stage of the digestive system and the benefits of patients being able to eat their food properly in order to receive the maximum benefit from what they digest.

Contrary to what you will hear from the Montana Dental Association representatives and the dentists whom they represent, denturists have more training in this specialty than the vast majority of dentists who are licensed to provide the public

with this specialized service. In the state of Montana, a dentist may completely fail the denture portion of his licensing exam and still be licensed to provide the public with oral prosthetics.

This shows me a major flaw in the system when a person or profession can provide a service or a product that he, she or they are not educated, trained, or tested on. This system is doubly flawed when this person or profession is allowed to regulate the professional who has been exclusively educated, continually trains and is extensively tested on the practical and clinical applications of his or her specialty.

Although the Dental Association and its members continually spout public safety and welfare as their reasoning for their need to regulate denturists and hygienists, it is my contention that they have no right to this regulatory status as Denturists and Hygienists are exclusively trained, educated and experienced in their fields and should not be regulated by a lesser profession in those specialties. They are separately and duly licensed healthcare providers by the state of Montana and should be allowed to practice unmolested by any other profession.

The MDA, dentists in general and the Montana Board of Dentistry under the guidance of the MDA have continually chipped away at the Denturist's scope of practice by convincing legislators to create statutes that continuously strips the professions ability to provide their specialized service. The MDA and dentists in general have convinced the Montana Board of Dentistry to create rules that are not substantiated by statute in order to further restrict the practice of these specialized professionals.

The Denturists have continually brought up the education, training, experience and testing facts to the Board and stated that in their judgment the Board's decisions against Denturists show a compelling case of Conflict of Interest. However, the Dentists on the Board have maintained they are unbiased and do not have a conflict.

This is contradicted when an issue concerning a dentist arises and they vote in favor of the dentist based on "training, education and experience". In fact at one of the last Board meetings, it was decided that a dentist could do Botox treatments if he or she is "educated, trained and experienced" at doing the procedure.

The Board's decisions, its rule making and adjudication procedures show that the members' lack of a conflict of interest is blatantly untrue when a denturist matter is before the Board and their decision goes against the Denturist with no regard to the Denturist's education, training and experience.

The Board's members show complete disrespect for the Denturist profession as a whole, not to mention their making a mockery of the Denturist's education, as well as exhibiting complete disregard and disrespect for the intelligence of the citizens of Montana who voted for Initiative 97 which was entitled the "Freedom of Choice in Denture Services Act of 1984".

The Act gave the citizens of Montana the right to decide who was going to take care of their denture needs. Dentistry,

however, saw to it that statute 37-29-403 was instituted concerning partial dentures, therefore taking the "choice" away from the patient and restricting the Denturist's services.

This statute states:

- (1) Prior to making and fitting a partial denture, a denturist shall:
 - a. formulate a study model of the intended denture;
 - b. refer the patient to a dentist, together with the model for tooth cleaning, mouth preparation, and x-rays , as needed; and
 - c. make the partial denture and fit it to the existing teeth after the dentist has completed the procedures listed in subsection (1)(b) and in accordance with the dentist's recommendations.
- (2) A denturist may not cut, surgically remove, or surgically reduce any tissue or teeth in the process of fitting a partial denture.

To date, I have not met a dentist who is willing to take the responsibility for a partial that the above statute demands they take. However, they are more than willing to charge the patient for the extra fees incurred while subjecting them to the requirements of the above statute and all the while infringing on their legal rights as citizens of Montana to be able to go to the professional of their choice.

My belief is that this is because they are untrained in this field and the fabrication and fitting of a partial denture should be done by the professional specifically trained and experienced in its fabrication. It is the right of the patient to choose whether to

go to a dentist or to a denturist. Therefore, part of the responsibility for the fabrication and maintenance the partial rests on the patient.

Case in Point:

Administrative Rule 24.138.2302 Unprofessional Conduct for Denturists

Subsection (j): fitting, attempting to fit or advertising to fit a prosthesis on or over a dental implant;

Nowhere in statute is this addressed. This Rule was fabricated to infringe on the scope of practice of the denturist profession and is illegal based on its statute-less basis. This is not a prohibited act and therefore, this rule should be repealed, however, members of the dental association have convinced the Board otherwise. Thus the Board has refused to act upon this issue and the rule remains in effect.

Not only does the Board show bias in their rule making, they show bias in their decisions against Denturists via the screening and adjudication panels.

Case in point:

Casteel vs the Department of Labor & Industry and the Board of Dentistry (Cause No.: CDV-2009-296). This suit was brought as a result of following the required administrative procedures after a complaint by a dentist was lodged with the Board of Dentistry against Allen Casteel over advertising practices concerning anti-snoring appliances. This complaint was appealed to a DLI Hearing Examiner who ruled in the favor of

the Denturist. The Hearing Examiner pointed out that Mr. Casteel was indeed educated, trained and experienced in providing this appliance. The BOD Adjudication Panel however reversed the Examiner's decision and issued a Cease and Desist Order on the Denturist concerning his advertising content after they were advised by Counsel they could not amend the original complaint and include fabrication.

The decision by District Court Judge Kathy Seeley reversed the Board's decision the 13th day of April, 2010. The Court's Decision was submitted to the Board's Adjudication Panel to be reviewed and decided upon at the June, 2010 Board meeting but has yet to be taken into consideration by the Panel. Meanwhile the Board has managed to have several teleconferences and other panel meetings throughout the year where this issue could have been resolved.

It is my contention that it was not until legislative action was forthcoming that this issue was considered to be of importance to the Department or the Board and it has now been slated to be heard at the Board of Dentistry meeting to be held in March nearly a year after the Court Order was delivered.

As a side note, Judge Seeley also found that under:

MCA 37-29-102(3) a denturist is defined as a "person licensed under (Title 37, Ch. 29) to engage in the practice of denturistry."

Subsection (2) of the same statute defines a denture as "any removable full or partial upper or lower prosthetic dental appliance to be worn in the mouth."

The practice of denturistry is defined in Section 37-29-102(6) as:

- (a) the making, fitting, constructing, altering, reproducing, or repairing of a denture and furnishing or supplying of a denture directly to a person or advising the use of a denture; or
- (b) the taking or making or the giving of advice, assistance, or facilities respecting the taking or making of any impression, bit, cast, or design preparatory to or for the purpose of making, constructing, fitting, furnishing, supplying, altering, repairing, or reproducing a denture.

Statute 37-29-402 (2) clearly impinges on the above statutes concerning supplying the denture.

Who better to initially insert the immediate denture but a dentist who can at that time take any corrective actions necessary to see that the patient is properly fitted and as comfortable as a patient who has just had teeth extracted can be? This action should certainly not be left to a dentist who has no training in such fabrication and placement.

Judge Seeley also indicated in her decision that the Board's definition of "prosthesis" is incomplete and she further interpreted a "prosthesis" as "a device, either external or implanted, that substitutes for or supplements a missing or defective part of the body." Therefore, the anti-snoring appliance certainly falls under the definition of a prosthetic as it supplements a defective part of the body.

A denture (full or partial) whether it is retained over implants or not, would also fall under this broader definition. The words "any ... prosthetic dental appliance" means just that "any" and that would include dentures over implants, abutment teeth, root tips or the jaw bone itself.

The above information was given to you to show bias on the part of the Board of Dentistry, the Montana Dental Association and the Department of Labor and Industry (by virtue of their assigning denturists to be regulated by a competing profession). It is with respect that I ask that you approve HB 572.

In closing I would like to say that denturists treat their patients with great respect and achieve tremendous success because to them patients are more than just a number; they are real people like you and me. While I know that not everyone has a denture, whether it is a partial or full, there will come a time that most people will be looking to replace some or all of their teeth with a prosthetic appliance. Who would you prefer to provide you this service, someone who was trained to specialize in the procedure or someone who didn't even have to pass the exam to provide this highly technical service to you?

Thank you.